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CLAIMS ONLY

Application Number	Filing Date
16/048017	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
~~2~~						
3						
4						
5						
6						
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8						
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11						
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14						
15						
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17	1					
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47						
48						
49						
50						
Total Indep	2					
Total Depend	38					
Total Claims	40					

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						